From: Pam Barclay
Sent: Wednesday, November 22, 2006 1:45 PM
To: Rex Cowdry, MD; Suellen Wideman; Dolores Sands; David Neumann
Subject: FW: distribution of alpha for CPORT project

-----Original Message-----
From: Thomas Aversano [mailto:taversan@jhmi.edu]
Sent: Wednesday, November 22, 2006 12:36 PM
To: eantman@rics.bwh.harvard
Cc: Pam Barclay; dfaxon@partners.org
Subject: distribution of alpha for CPORT project

Dr. Antman:

Regarding the distribution (spending) of alpha in the C-PORT randomized trial, from our statistician:

How alpha is spent is important in a multiple comparisons context, such as if we have two primary endpoints and claim success when either of them is significant.

However, although CPORT has two primary outcomes it does not have a multiple comparisons problem because we must reject both null hypotheses in order to conclude equivalence. So from an alpha-spending perspective we have a single null hypothesis. The hypothesis tested (see page 17 of the Manual of Operations (version 3.0):

H_0: Mortality rate at 6 weeks for hospitals without SOS >=
Mortality rate at 6 weeks for hospitals with SOS + .4% OR
MACE rate at 9 months for hospitals without SOS >=
MACE rate at 9 months for hospitals with SOS + 1.8%

against the alternative composite hypothesis of noninferiority

H_A: Mortality rate at 6 weeks for hospitals without SOS <
Mortality rate at 6 weeks for hospitals with SOS + .4% AND
MACE rate at 9 months for hospitals without SOS <
MACE rate at 9 months for hospitals with SOS + 1.8%.

We spend all of our alpha on that one null hypothesis.

I apologize that I could not answer that question yesterday, but I did not want to misstate the statistical reasoning. This is the 'official' answer.

Please let me know that you have received this and that it answers the

question to your satisfaction. If you need additional information, I will be happy to get that for you.

Thank you so much for your thoughtful review (and re-review) of this C-PORT project.

All the best,
Tom Aversano

Thomas Aversano MD
Associate Professor of Medicine
Johns Hopkins Medical Institutions
5501 Hopkins Bayview Circle
JHAAC Room 1B.40
Baltimore, MD 21224
Phone: 410-550-9821
FAX: 410-550-9081
Pager: 410-283-3660
email: taversan@jhmi.edu

Current actively enrolling sites.

Hospital	CPORT-E With On-Site	CPORT-E Without On-Site	Total
Advocate South Suburban Hospital	3	8	11
Archbold Memorial Hospital	16	52	68
Bayonne Medical Center	22	66	88
Chambersburg Hospital	10	30	40
Community Health and Wellness Center	16	50	66
Crestwood Medical Center	24	80	104
Duke Health Raleigh Hospital	2	7	9
Fairview Park Hospital	17	50	67
Hamilton Medical Center	14	39	53
Holy Name Hospital	13	48	61
Kingwood Medical Center	0	2	2
Little Company of Mary Hospital	5	18	23
Monmouth Medical Center	9	31	40
Muhlenberg Regional Medical Center	29	89	118
Raritan Bay Medical Center	33	98	131
Robert Wood Johnson Medical Center	10	21	31
Somerset Medical Center	7	20	27
Southeast Georgia Health System	9	24	33
Southern Ohio Medical Center	1	7	8
Southern Regional Medical Center	23	72	95
Spalding Regional Medical Center	8	26	34
Tanner Health System	5	17	22
Tift Regional Medical Center	21	58	79
Trinitas Hospital	7	19	26
Virtua-West Jersey Hospital	9	29	38
Wellstar Cobb Hospital	32	95	127
West Georgia Health System	12	32	44
	357	1088	**1445**

This is current enrollment as of November 6, 2006.

Sites began enrollment on different dates beginning in July 2006.

Seven additional sites will begin enrollment within the next 4 months.

Sites in several other states (MD, CT, SC, MI) may be able to participate.

C-PORT Elective PCI Project
Budget Estimate

March 2006

Current C-PORT E Budget

	Salary	% Effort	3 Year Total
PI	$ 190,000	40%	$ 311,467
RN Coodinator 1	$ 75,000	100%	$ 307,369
RN Coodinator 2	$ 65,000	100%	$ 266,386
RN Coodinator 3	$ 65,000	100%	$ 266,386
RN Coodinator 4	$ 65,000	100%	$ 266,386
RN Coodinator 5	$ 65,000	100%	$ 266,386
Secretary	$ 35,000	100%	$ 143,439
Cardiol Admin	$ 60,000	20%	$ 49,179
Data Manager	$ 60,000	100%	$ 245,895
Cardiology IS	$ 70,000	20%	$ 57,376
Salary Total			$ 2,180,269

Cores	
Economics	$400,000
Angiography	$350,000
MMRI	$380,000
Other Costs	
Software Support	$60,000
Office Supplies/year	$9,000
Computer Hardware	$16,000
Total 3-Year Expenditures	**$ 3,395,269**

Current Funding

	Number	Amount	Years		Total
Current signed contracts	27	$ 52,725	2	$	2,847,150
Contracts in process	7	$ 52,725	2	$	738,150
Total Current Contracts				**$**	**3,585,300**

Budget Justification

I. Personnel

RN Coordinators: The current time to complete a single chart review for the primary PCI project is 30-60 minutes (per case). We estimate that it will take an average of 60 minutes to complete one chart audit using Sextant (the data management system for CPORT).

Hours per chart audit = 1 hour
Charts = 18000
Total Hours = 18000 hours
Hours per year = 18000/2 = 9000

Yearly hours per FTE = 48 weeks X 37 hours/wk = 1776

Minimum FTE's required for chart audit per year = (18000 / 1776) / 2 = 5

We currently have three full-time RN coordinators handling data from 27 sites. We are the process of actively hiring a fourth coordinator and will hire a 5th as the volume requires.

Data Manager: We are currently reviewing multiple resumes for this position. The work is being performed by the PI at this time. This individual will be in charge of the C-PORT data management system. This will include handling IS-issues centrally and at participating sites, monitor the CPORT database for completeness and the timely completion of forms; will keep track of and follow-up on missing data; and will handle problems that arise in participating site use of Sextant. The Data Manager will also serve as the interface between CPORT and the Sextant developer company, Salar, Inc. for required software fixes and upgrades throughout the course of the project.

Secretarial Support: We have a full time individual in this position now. This individual will perform clerical and communication functions for the project. A full time secretary is required for a study this size.

Cardiology administrative costs are incurred for accounting functions related to the contracts between Hopkins and the individual site participants and the Cores. We estimate that this will require a 0.2 FTE.

Cardiology IS costs: These are costs incurred for maintaining the Sextant server system. These costs include daily backup, installation of updates for security and operating system software (which includes testing of all updates for Sextant compatibility). We request 0.2 FTE for this purpose.

II. Cores

The budgets are those requested by the Core to serve functions detailed in the Manual of Operations.

III. Other Costs

Software support: Our experience with the primary PCI registry project has been that some level of developer software support is necessary during the course of a study. This is so for a number of reasons including: a wide variety of unique IT problems can arise in individual centers that require individual solution, software bugs can be uncovered in the exercise of a data management system that require fixing, new features or modification of existing features may be useful or necessary during the course of the project. The Sextant developer is Salar, Inc. Salar currently charges $195/hr for contract work on Sextant. $60,000 gives us ~35 days of work from this group.

Computer hardware for the RN-coordinators we estimate to cost ~$2000 per RN (total of $8000). A dedicated server to run Sextant will be created for this project and will cost approximately $8000 (includes hardware, necessary security software, SQL database license and installation).

cc: Barr

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CARDIOVASCULAR

Rafique Ahmed, MD
Shilpi Ahmed, MD
Mahmood Alikhan, MD
Michael N. Drossner, MD
Mark Goldstein, MD
Kourosh Mastali, MD
Mark G. Midei, MD
Frank H. Morris, MD
Shellee Nolan, MD
Stephen H. Pollock, MD
Kerry C. Prewitt, MD
Gary Yurow, MD
John C. Wang, MD
Gaby Weissman, MD
Glenn Kehring, PA-C
Tim O'Donnell, PA-C
Jean Wallner, PA-C
Lee Anne White, N.P.

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October 9, 2006

Rex W. Cowdry, M.D.
Executive Director, Maryland Healthcare Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Dr. Cowdry:

I am writing in response to the complaint voiced by Dr. Barr that my participation in the committee for safe angioplasty in New Jersey infers a bias in my ability to review a scientific proposal by Dr. Aversano.

I have reviewed the website for the first time since I had a conversation with a physician whose name I cannot remember regarding this issue. I offered my support at that time because New Jersey had failed to do a thorough scientific review of the proposed study, according to the individuals who talked to me. My position was that the absence of an independent review was inappropriate and wrong. I maintain that position today.

The remainder of the site, which I just reviewed, quotes certain facts that had been published in the past regarding angioplasty, which are currently not in dispute, but are not relevant to the issue as to whether Dr. Aversano's study is a legitimate scientific question and project.

Several years ago, a very qualified committee reviewed this proposal and overwhelmingly felt that the proposal as presented did not meet rigorous scientific merit.

I participated actively in that committee. I would maintain that I am more than able to independently listen and rule on whether this new proposal does in fact have scientific merit.

I stated publicly and for the record at that hearing that if this was a legitimate study I would have voted in favor of the commission considering implementation of the study.

My personal view that angioplasty should be done at a high volume surgical center is well known, as is Dr. Barr's personal view. Those personal views are not relevant to a scientific evaluation and consideration of the merits of Dr. Aversano's proposal.

Finally, it is my personal opinion that the upcoming review that is planned by the commission should be undertaken by individuals who have recognized academic excellence and have demonstrated the ability to evaluate studies like Dr. Aversano's for their scientific merit. It is my opinion that a substantial number of the committee members from Baltimore lack that expertise, and rather are political appointees to ensure that representatives of have and have-not hospitals are somehow present for this scientific review.

I am personally offended by Dr. Barr's comments and it is my intention to let him know. I again would emphasize my ability to participate in a review of this study and listen closely to the opinions of qualified experienced academic experts on the merit of the study and if it meets appropriate criteria, then I would vote in favor of the commission considering the implementation of the study. I wonder if other members of this committee (who are with the "have-not hospitals") could make a similar statement, namely that they would vote against the proposal if it fails to meet appropriate criteria.

Sincerely,

Stephen H. Pollock, M.D.

SHP/mts/dlb/69254

Dictated, but not read.

From: Markgmidei@aol.com

Sent: Thursday, October 05, 2006 12:07 PM

To: Dolores Sands

Subject: Re: C-PORT II

Dr. Faxon, Dr. Cowdry, Mr. Salamon, and Ms. Sands:

I am sorry if I have been difficult to reach. Perhaps my contact numbers are inaccurate as I have received no messages regarding your efforts to reach me. The best way to reach me is by pager 410-232-6089. Type in your number, and I'll return the call.

Although I have no knowledge of Dr. Bahr's concerns, I will address my participation in the Committee for Safe Angioplasty in New Jersey at this time.

The Committee for Safe Angioplasty in New Jersey was formed in an effort to educate the public about the inherent risks of performance of coronary intervention in centers without on-site surgical backup. I have reviewed the mission statement of the group, and I have reviewed educational materials produced by this group. The materials are evidenced-based; published, peer-reviewed data and American College of Cardiology recommendations are the foundations upon which the information is assembled. Most importantly, the materials are consistent with my core beliefs in what I know to be safe and effective patient treatment.

I can think of no way in which my participation in The Committee for Safe Angioplasty in New Jersey in no way compromises my position on the Maryland committee. My position has been consistent throughout my association with the Health Care Commission: I remain committed to the safe performance of coronary intervention in patients whether they live in Maryland or New Jersey.

If I can answer any further questions, or if my position requires further clarification, please do not hesitate to contact me.

Mark G. Midei, MD, FACC

MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

October 5, 2006

Mark G. Midei, MD, FACC
Cardiologist
Midatlantic Cardiovascular Associates, PA.
O'Dea Medical Arts Building
7505 Osler Drive
Towson, Maryland 21204

Dear Dr. Midei:

Thank you for your written comments on the *Elective Angioplasty Project Proposal submitted to Maryland Health Care Commission – March 29, 2006.*

After several unsuccessful attempts to reach you by telephone, I am writing to inform you that Raymond D. Bahr, MD, FACC, has submitted a letter to David P. Faxon, MD, FACC, FAHA, Chairman of the Research Proposal Review Committee (RPRC), along with copies to Stephen J. Salamon, Chairman of the Maryland Health Care Commission, and Rex W. Cowdry, MD, Executive Director, stating that the Website of the Committee for Safe Angioplasty in New Jersey (http://www.njhearts.com/heart.htm) includes three RPRC members among its membership. During a public informational meeting held on September 26th to review the Commission's process for considering research proposals, Dr. Bahr again raised this issue.

The Commission's staff is requesting that you send Dr. Cowdry your written comments regarding the inclusion of your name on the Website of the Committee for Safe Angioplasty in New Jersey and the concerns expressed about RPRC member bias. If you have any questions, you may reach me by telephone at 410-764-3371, fax at 410-358-1311, or email at dsands@mhcc.state.md.us. Thank you.

Sincerely,

Dolores Sands

Dolores Sands
Chief, Specialized Services Policy & Planning

MIDATLANTIC
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David A. Goldscher, MD
Dawn W. Kershner, DO
Henry Meilman, MD
Marc A. Mugmon, MD
David J. Schamp, MD
John C. Wang, MD

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September 28, 2006

Rex W. Cowdry, M.D.
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Dr. Cowdry:

I have been asked to write to you because my name appears on a web site for the Committee for Safe Angioplasty in New Jersey. I lent my name to the web site in opposition to the same C-Port study turned down by the Maryland Health Care Commission for lack of scientific merit. I have no ongoing relationship with this committee nor do I participate in any other activities related to this committee. I believe it would be inappropriate to keep me, or any other member, of the committee from rendering an opinion because of preconceived notions of how we might view the new protocol.

Please feel free to contact me at any time if you like to discuss this issue or have any further questions.

Sincerely yours,

Henry Meilman, M.D., F.A.C.C., F.S.C.A.I.
HM/mts/00066575
Dictated but not read unless signed.

cc: [redacted]

RAYMOND D. BAHR, M.D.

David Faxon M.D.
Chairman Research Proposal Review Committee
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore,Maryland 21215

Dear Dr.Faxon,

I would like to call to your attention a New Jersey web site www.njhearts.com/heart.htm and ask you to review this for it's content. It states that the proposed Scientific C-PORT-II study being considered by your Committee is "an experiment and is bad science,bad policy and bad for patients……that approving a medical experiment increases the risk of death by 38% ".

The problem that I have with this discovery is that there are a number of Physicians on your Committee who are listed as being on this New Jersey Committee for Safe Angioplasty. The biased implication of this to this observer is obvious,especially when it is further stated that Maryland and Massachusetts rejected the experiment when it was submitted to a panel of experts…….in Maryland,a number of these experts were on the New Jersey Committee for Safe Angioplasty.

Please review this web site in light of what your Committee is trying to accomplish.

Sincerely and Respectfully,

Raymond D Bahr MD

Raymond D.Bahr MD FACC

Cc Rex W.Cowdry Executive Director

Stephen J.Salamon Chairman,Maryland Health Care Commission

2901 BOSTON STREET, APT 609, BALTIMORE, MARYLAND 21224
HOME PHONE: 410-534-7655 E-MAIL: rdb60@aol.com

STATE OF MARYLAND

Stephen J. Salamon
CHAIRMAN

Gail R. Wilensky, Ph.D.
VICE CHAIR

Rex W. Cowdry, M.D.
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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August 24, 2006

Dear Committee Members:

As you can see from the attached letter, the Maryland Health Care Commission has received a revised proposal for the CPORT-II study from Dr. Thomas Aversano and has asked that we continue our service as the scientific review panel for the revised proposal.

Both the Commission and I would greatly appreciate your participation. Should you agree, I would suggest the following approach:

- Please review the enclosed documents: the revised proposal, the panel's previous review, and a summary of both the panel's concerns about the original proposal and the steps Dr. Aversano has taken to address them. (Please note that the revised proposal has two sections: the proposal itself and the study protocol. Much of the language of the study protocol simply repeats the sections of the proposal itself in a somewhat different order and need not be reviewed.)

- When you have reviewed the materials, would you please prepare a preliminary review addressing two fundamental questions:

    - Does Dr. Aversano's revised proposal address the scientific concerns expressed in the panel's review of the original proposal? Please comment on any unresolved concerns or on any new concerns you may have about the proposal.
    - Is the proposed research program now scientifically sound and capable of producing reliable information to guide public policy?

- If at all possible, could you please send this initial review within the next three weeks to dsands@mhcc.state.md.us . At that point, I will review the comments received and develop a course of action.

I hope that we can count on your participation and I look forward to working together again on this panel.

Sincerely,

David Faxon, M.D.

STATE OF MARYLAND

Stephen J. Salamon
CHAIRMAN

Gail R. Wilensky, Ph. D
VICE CHAIR

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August 11, 2006

David Faxon, M.D.
Vice-Chair, Department of Medicine
Brigham and Women's Hospital
1620 Tremont Street OBC-3-12B
Boston, MA 02120

Dear Dr. Faxon:

We are very pleased that you have agreed to chair the review of Dr. Aversano's revised proposal for the CPORT-II multi-state study of non-primary angioplasty.

Our primary goal is to conduct a review that is thoughtful, rigorous, fair, and efficient. The review committee for Dr. Aversano's original proposal had balance and deep expertise and conducted an outstanding review of the scientific merit of the proposal. I am therefore pleased that we – the Commission staff, Dr. Aversano, and yourself – are all in agreement that the best course of action is to ask the members of the initial review committee to review the revised proposal as well.

The questions for the review committee are straightforward:

- Does Dr. Aversano's revised proposal satisfactorily address the scientific concerns expressed in the panel's review of the original proposal?

- Is the proposed research program now scientifically sound and capable of producing reliable information to guide public policy?

The initial review also raised questions about whether the funding of the proposal would be sufficient to conduct the research. In our discussion, we agreed that, rather than ask the review committee to resolve this issue with the limited information available in

the proposal, the review committee could note this as an issue and ask the Commission staff to examine the funding issues to assure that the study can be conducted as described.

We will be pleased to provide whatever support you and the review committee need. In addition to the revised proposal and the committee's original review, I am enclosing a summary of the concerns expressed in the review of the original proposal and the ways in which the revised proposal addresses those concerns.

We thank you and the committee members for your previous service and for the excellent scientific review the panel conducted. I sincerely hope that we can count on your experience, expertise, and leadership again.

With best regards,

Rex W. Cowdry, M.D.
Executive Director